

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/743502**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	1		1			
5	1		1			
6		1		1		
7	1		1			
8	1		1			
9		1		1		
10	1		1			
11		1		1		
12	1		1			
13		1		1		
14		1		1		
15		①		1		
16		1		1		
17		1		1		
18	1		1			
19	1		1			
20		1		1		
21		1		1		
22		①		1		
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TOTAL IND.	↓		5	↓		↓
TOTAL DEP.		↓	15		↓	
TOTAL CLAIMS			20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831